

# FAX

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**From**

Sofija Mitic

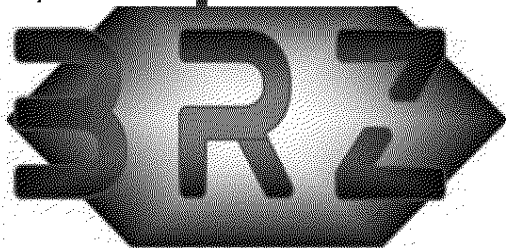
**To**

**Phone** (630) 485-7370 \* 402  
**Fax** 16305662119

**Phone**  
**Fax** (416) 798-4753

**DATE** 08/05/2023**Pages including cover sheet:** 2**NOTE**

Hello,  
I am a safety officer from Riki Transportation BRZ Company.  
I am sending you this email to confirm Tamsen Thompson Remy's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!



3

## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

**Company:** Vitran Exoress Canada Inc (DOT 301980)

**Phone:** 4167984965

**Date:** 08/03/23

**Address:** 1201 CREDITSTONE RD CONCORD, ON L4K 0C2 **Fax:**

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness( including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company( their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

Tamsen Remy (Aug 3, 2023 12:50 EDT)

Diana Baranda (Aug 3, 2023 13:04 EDT)

Applicant's Signature

Company representative

**Dear Personnel Manager**

**The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.**

**PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.**

**Name of Applicant:** Remy Thompson Tamsen **SSN:** 590290011

**Job Applying For:** OTR Driver

Did the Applicant work for you as a driver: Yes No

If No, please explain: \_\_\_\_\_

If employed as a driver, please answer the following: Start Date : \_\_\_\_\_ End Date : \_\_\_\_\_

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

Other equipment operated: \_\_\_\_\_ Commodities operated: \_\_\_\_\_

Accidents: ☐ Yes ☐ No If yes, please give the date and brief description of each accident: \_\_\_\_\_

Traffic Violations: ☐ Yes ☐ No If yes, please list all including the date and type of violation: \_\_\_\_\_

### INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION

Alcohol tests with a result of 0.04 or greater? ☐ Yes ☐ No If yes, please give date: \_\_\_\_\_

Verified positive controlled substances test results? ☐ Yes ☐ No If yes, please give date: \_\_\_\_\_

Refusals to be tested? ☐ Yes ☐ No If yes, please give date: \_\_\_\_\_

Rehab completed under direction of SAP/MRO? ☐ Yes ☐ No If yes, please give date: \_\_\_\_\_

Any problems with bonding? Yes No If yes, please explain: \_\_\_\_\_

Why did this employee leave your company? \_\_\_\_\_

Would you re-employee this person? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

Additional comments: ( Any problems with customer relations, supervision, or abuse of equipment? \_\_\_\_\_

Name/Title (of person providing the above information): \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

BRZ